THE SIGHT MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS 6/8/07 AFTER AFTER AS FILED APTER AFTER AS FILED THE LABOURED IN IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 3. 4. · Ø .21 75 . . . 91. .98 TOTAL DOL Ψ ¥ TOTAL DET. Ψ TOTAL DET. TOTAL Ë TOTAL